



St. John Eudes School

9925 Mason Avenue, Chatsworth, CA 91311

(818) 341-1454

www.school.stjohneudes.org

APPLICATION FOR TRANSITIONAL KINDERGARTEN (TK) 2017 – 2018

Thank you for your interest in St. John Eudes School. Please return the following with your application:

1. Copy of Birth Certificate
2. Copy of Baptismal Certificate
3. \$75 Application Fee per Student (non-refundable)

All of the above items have to be returned with the filled out application form before the applicant's assessment and family interview can be scheduled. You will be notified of the date and time for the assessment and interview.

Based upon placement assessment, priority will be given to applicants who:

- Results of Assessments
- Siblings of current families
- Baptized
- Active in ministry at St. John Eudes
- Are registered parishioners in St. John Eudes and support the church through the envelope system
- Are active members of another Catholic parish

Students entering Transitional Kindergarten (TK) MUST be FOUR years old before September 1.

APPLICATION DOES NOT GUARANTEE ACCEPTANCE



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(818) 341-1454 • www.sjeschool.net

FOR OFFICE USE ONLY:

Received On: _____

Testing Date: _____

Interview Date: _____

TRANSITIONAL KINDERGARTEN (TK) APPLICATION FORM

Please **PRINT** and **COMPLETE** all information

Child's Name: _____ Gender: Male Female
(First) (Last)

Address _____ Home No. _____
(Street Address) (City) (State) (Zip Code)

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Church _____

Date of First Communion _____ Church _____

Previous School(s) Attended _____ Grade(s) _____

School Now Attending _____ Grade _____

Primary Language Spoken at Home _____

Father's Name _____ Religion _____ Occupation _____
(First) (Last)

Father's Work No. _____ Father's Cell No. _____ E-mail Address _____

Mother's Name _____ Religion _____ Occupation _____
(First) (Last)

Mother's Work No. _____ Mother's Cell No. _____ E-mail Address _____

Parents: Married Married in Catholic Church Divorced Separated Widowed

Is your child attending St. John Eudes Religious Education Classes? _____

How long has your child attended Religious Education Classes? _____

Do you belong to St. John Eudes Parish? _____ If yes, for how long? _____

Are you registered? _____ Do you use church envelopes? _____ Envelope No. _____

Do you belong to another church/parish? _____ If yes, which church/parish? _____

Are you applying for other grades in SJE? _____ If yes, which grades? _____

Are you applying at other schools? If yes, where? _____

If your other child/ren is not accepted, would you still want this child (applicant) to attend SJE? _____

Are you involved in any Parish Ministry? _____ If yes, which ministry? _____

OFFICE USE ONLY: Application Fee _____ Date Pd. _____ Cash OR # _____ Check No. _____



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TK PARENT QUESTIONNAIRE

Child's Full Name _____

(First)

(Middle)

(Last)

Address _____

Phone No. _____ Birth date _____

Other Children in the Family

Age

Grade/School

Other Children in the Family	Age	Grade/School
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIAL EXPERIENCES

1. Has your child attended pre-school? _____ If yes, how long? _____

What pre-school has your child attended? _____

2. Has your child attended the Sunday Pre-School Program? _____ If yes, how long? _____

3. Does your child attend church with you? _____

4. Please check the places your child has visited:

- | | | | | |
|----------------------------------|---------------------------------|----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> library | <input type="checkbox"/> farm | <input type="checkbox"/> factory | <input type="checkbox"/> mountains | <input type="checkbox"/> country fair |
| <input type="checkbox"/> ocean | <input type="checkbox"/> museum | <input type="checkbox"/> airport | <input type="checkbox"/> downtown | <input type="checkbox"/> zoo |

5. Where has your child traveled? _____

6. How has your child traveled? _____

7. Does your child play quietly or actively? _____

8. Does your child play mostly by himself/herself? _____

9. What activities does your child enjoy outdoors? _____

10. Does your child enjoy watching television? _____

11. What programs are his/her favorites? _____

12. What activities does your child enjoy indoors? _____

13. Does your child enjoy books? _____ If yes, what is his/her favorite? _____

14. Do you read to your child? _____ How often? _____

15. Is your child able to remember songs or rhymes? _____

16. Has your child had experience with paints? _____ Crayons? _____ Scissors? _____

DEVELOPMENT

1. Does your child have any health problems the school should be aware of? _____ If yes, what problems?

Please explain. _____

(Please see OVER)



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PRE-SCHOOL TEACHER/PRINCIPAL EVALUATION FORM

For the Parents/Guardian: As part of the admission process at St. John Eudes School, we require an assessment of the applicant. Please fill in the upper portion and ***give this form to your child's CURRENT pre-school teacher or principal.*** He/she should mail this form back to St. John Eudes School in a sealed envelope. Recommendations returned by parents or students will **NOT** be accepted. ***The student's application will not be processed without this form completed.***

NAME OF APPLICANT _____
(First) (Middle) (Last)
APPLYING FOR GRADE _____ IN SEPTEMBER, _____.
CURRENT GRADE _____ CURRENT SCHOOL _____
CURRENT SCHOOL'S ADDRESS _____
SIGNATURE OF PARENT/GUARDIAN _____

Please DO NOT write below this line. This portion is TO BE FILLED OUT by applicant's PRESENT SCHOOL only.

For the Pre-School Teacher/Principal of Applicant's CURRENT School: Thank you for your assistance. Your remarks will be kept in strict confidence and your sincerity will be greatly appreciated. ***Please fill out this form and mail it with the applicant's most recent Progress Report, as soon as possible to:***

MRS. BARBARA DANOWITZ
ST. JOHN EUDES SCHOOL
9925 Mason Avenue
Chatsworth, CA 91311

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
Works independently				
Self control				
Listens attentively				
Classroom conduct				
Cooperation with adults				
Cooperation with peers				
Attendance record				
Tardy record				

Comments: _____

Form Completed By (PLEASE PRINT): _____ Title: _____

Signature: _____ Date: _____

Daytime Phone No. _____

THIS SECTION IS TO BE FILLED OUT BY THE APPLICANT'S CURRENT SCHOOL:

Please check TWO of the following, if applicable:

- _____ Parent/Guardian meets financial obligations.
- _____ Parent/Guardian needs special consideration with financial arrangements.
- _____ Parent/Guardian fails to meet financial obligations.
- _____ Parent/Guardian supports school-sponsored activities.
- _____ Parent/Guardian does not support school-sponsored activities.

Principal's **PRINTED** name and **SIGNATURE** _____

Telephone No. _____ Date _____